DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: CLEAR VIEW (510015)

Address: N5017 970TH STREET, ELK MOUND, WI 547399365

License Status: REGULAR

Survey ID: 0092047

Licensed/Certified/Registered 05/06/1987

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

		Sur	vey History
Survey ID: 0095316	End Date: 07/26/2005	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEME	NT OF DEFICIENCY ISSUI	ED	

Type: ABBREVIATED

End Date: 02/12/2004 **Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006457 Served 02/24/2004

	<u>Compliance</u>				
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected		
83.21(4)(1)	CLOTHING AND POSSESSIONS	03/18/2004	Yes		
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	03/18/2004	Yes		

Purpose: SURVEY

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.